

IN THE U.S. PATENT AND TRADEMARK OFFICE

DECLARATION AND POWER OF ATTORNEY

ATT. DOCKET NO.
11957/14

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name,

I believe I am an original, first, and sole inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled **COMPOSITION AND METHOD FOR LOWERING RISK FACTORS OF CARDIOVASCULAR DISEASES**, the specification of which was filed on herewith.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

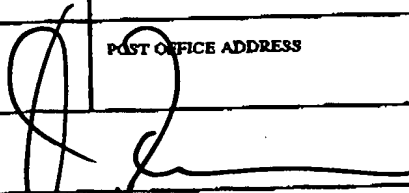
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys:

Jeffrey M. Butler (Reg. No. 41,652)
Richard L. DeLucia (Reg. No. 28,839)
Siu K. Lo (Reg. No. 46,877)

SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:

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I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME RATH	FIRST GIVEN NAME Matthias	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
Signature 		Date 29 Nov. 2001	